



IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

A. TRANSPORTER		B. STORER		C. TREATER		D. DISPOSER	
<input checked="" type="checkbox"/> 1. RAIL	<input checked="" type="checkbox"/> 1. PILE	<input checked="" type="checkbox"/> 1. FILTRATION	<input checked="" type="checkbox"/> 1. LANDFILL				
<input checked="" type="checkbox"/> 2. SHIP	<input checked="" type="checkbox"/> 2. SURFACE IMPOUNDMENT	<input checked="" type="checkbox"/> 2. INCINERATION	<input checked="" type="checkbox"/> 2. LANDFARM				
<input checked="" type="checkbox"/> 3. BARGE	<input checked="" type="checkbox"/> 3. DRUMS	<input checked="" type="checkbox"/> 3. VOLUME REDUCTION	<input checked="" type="checkbox"/> 3. OPEN DUMP				
<input checked="" type="checkbox"/> 4. TRUCK	<input checked="" type="checkbox"/> 4. TANK, ABOVE GROUND	<input checked="" type="checkbox"/> 4. RECYCLING/RECOVERY	<input checked="" type="checkbox"/> 4. SURFACE IMPOUNDMENT				
<input checked="" type="checkbox"/> 5. PIPELINE	<input checked="" type="checkbox"/> 5. TANK, BELOW GROUND	<input checked="" type="checkbox"/> 5. CHEM./PHYS. TREATMENT	<input checked="" type="checkbox"/> 5. MIDNIGHT DUMPING				
<input checked="" type="checkbox"/> 6. OTHER (specify):	<input checked="" type="checkbox"/> 6. OTHER (specify):	<input checked="" type="checkbox"/> 6. BIOLOGICAL TREATMENT	<input checked="" type="checkbox"/> 6. INCINERATION				
		<input checked="" type="checkbox"/> 7. WASTE OIL REPROCESSING	<input checked="" type="checkbox"/> 7. UNDERGROUND INJECTION				
		<input checked="" type="checkbox"/> 8. SOLVENT RECOVERY	<input checked="" type="checkbox"/> 8. OTHER (specify):				
		<input checked="" type="checkbox"/> 9. OTHER (specify):					

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

V. WASTE RELATED INFORMATION

A. WASTE TYPE

☒ 1. UNKNOWN ☐ 2. LIQUID ☐ 3. SOLID ☐ 4. SLUDGE ☐ 5. GAS

B. WASTE CHARACTERISTICS

☐ 1. UNKNOWN ☐ 2. CORROSIVE ☐ 3. IGNITABLE ☒ 4. RADIOACTIVE ☐ 5. HIGHLY VOLATILE
☐ 6. TOXIC ☐ 7. REACTIVE ☐ 8. INERT ☐ 9. FLAMMABLE
☐ 10. OTHER (specify):

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE		b. OIL		c. SOLVENTS		d. CHEMICALS		e. SOLIDS		f. OTHER	
AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT	
UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE	
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS	<input checked="" type="checkbox"/> (1) OILY WASTES	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (1) ACIDS	<input checked="" type="checkbox"/> (1) FLYASH	<input checked="" type="checkbox"/> (1) LABORATORY PHARMACEUT.						
<input checked="" type="checkbox"/> (2) METALS SLUDGES	<input checked="" type="checkbox"/> (2) OTHER (specify):	<input checked="" type="checkbox"/> (2) NON-HALOGNTD. SOLVENTS	<input checked="" type="checkbox"/> (2) PICKLING LIQUORS	<input checked="" type="checkbox"/> (2) ASBESTOS	<input checked="" type="checkbox"/> (2) HOSPITAL						
<input checked="" type="checkbox"/> (3) POTW		<input checked="" type="checkbox"/> (3) OTHER (specify):	<input checked="" type="checkbox"/> (3) CAUSTICS	<input checked="" type="checkbox"/> (3) MILLING/ MINE TAILINGS	<input checked="" type="checkbox"/> (3) RADIOACTIVE						
<input checked="" type="checkbox"/> (4) ALUMINUM SLUDGE			<input checked="" type="checkbox"/> (4) PESTICIDES	<input checked="" type="checkbox"/> (4) FERROUS SMLTG. WASTES	<input checked="" type="checkbox"/> (4) MUNICIPAL						
<input checked="" type="checkbox"/> (5) OTHER (specify):			<input checked="" type="checkbox"/> (5) DYES/INKS	<input checked="" type="checkbox"/> (5) NON-FERROUS SMLTG. WASTES	<input checked="" type="checkbox"/> (5) OTHER (specify):						
			<input checked="" type="checkbox"/> (6) CYANIDE	<input checked="" type="checkbox"/> (6) OTHER (specify):							
			<input checked="" type="checkbox"/> (7) PHENOLS								
			<input checked="" type="checkbox"/> (8) HALOGENS								
			<input checked="" type="checkbox"/> (9) PCB								
			<input checked="" type="checkbox"/> (10) METALS								
			<input checked="" type="checkbox"/> (11) OTHER (specify)								

Rare earths
heavy metals

V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

Radioactive elements in lagoons

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

The full extent of any problems will be assessed during RCRA recon survey.

VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER	X			
8. CONTAMINATION OF SURFACE WATER	X			
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- ☒ 1. NPDES PERMIT ☐ 2. SPCC PLAN ☐ 3. STATE PERMIT (specify): _____
☐ 4. AIR PERMITS ☐ 5. LOCAL PERMIT ☐ 6. RCRA TRANSPORTER
☐ 7. RCRA STORER ☐ 8. RCRA TREATER ☐ 9. RCRA DISPOSER

☐ 10. OTHER (specify): _____

B. IN COMPLIANCE?

- ☐ 1. YES ☐ 2. NO ☐ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number): _____

VIII. PAST REGULATORY ACTIONS

- ☐ A. NONE ☐ B. YES (summarize below)

IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
Survey	12/74	EPA	NPDES compliance survey

X. REMEDIAL ACTIVITY (past or on-going)

- ☐ A. NONE ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.